

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21563**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 286	
1. PLACE OF DEATH a. COUNTY Jasp er				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. LENGTH OF STAY (in this place) 2 wks		c. CITY OR TOWN Neosho		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				STREET ADDRESS (If rural, give location) Rt. # 2, Neosho			
3. NAME OF DECEASED (Type or Print) a. (First) Gordon		b. (Middle) Perry		c. (Last) Torrance		4. DATE OF DEATH (Month) May (Day) 26 (Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-12-1884	
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Month 25 Day 14 Hours 14 Min.		11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Ct. Operator Motel Business				10b. KIND OF BUSINESS OR INDUSTRY Motel Business			
13a. FATHER'S NAME Oliver P. Torrance		13b. MOTHER'S MAIDEN NAME Kate Taylor		14. NAME OF HUSBAND OR WIFE Dora Torrence			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 478-01-467		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Torrence Neosho, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) operation for cancer rectum DUE TO (c) Cancer of rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age and Senility				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 5-17-57; 5-23-57		19b. MAJOR FINDINGS OF OPERATION Cancer of rectum. Intestinal Obstruction				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-12-57 , 19 57 , to 5-26 , 19 57 , that I last saw the deceased alive on 5-26 , 19 57 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dale Agniet				23b. ADDRESS MD Frisco Bldg Joplin Mo		23c. DATE SIGNED 5-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 1957		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
DATE REC'D BY LOCAL REG. 6-14-57		REGISTRAR'S SIGNATURE Dove Merriam		25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home		ADDRESS Neosho, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed

JUN 17 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Seattle Thoma Hill

Licensed Embalmer No. *359*

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.